Senior Citizens' Secretariat
Newsletter

VOLUME 95 OCTOBER 2000

Full-time Executive Director Appointed

Valerie White has become the first full-time Executive Director of the Senior Citizens' Secretariat effective July 14, 2000. This appointment is the first step in strengthening the Seniors' Secretariat which was a commitment made by the current government.

Valerie has been the Coordinator of the Secretariat since October 1980 when she joined the Director, Dr. Fred R. MacKinnon, who had been appointed part-time Director in April of 1980. She is a Registered Social Worker and brings with her more than twenty-five years experience in the public service, which includes six years as a Social Worker with Family and Childrens Services of Annapolis County. She also brings a wealth of other work experience, especially in the field of Gerontology and a diverse range of volunteer experiences. She has organized national and provincial conferences on aging and gerontology and has pioneered long term projects and events such as the Seniors Expo, Seniors Art and Photo Galleries and other programs and services that utilize the skills and expertise of older persons. She is editor of Programs for Seniors publication and the Senior Citizens' Secretariat Newsletter.

Valerie currently serves on a number of committees such as: ICONS (Improving Cardiovascular Outcomes in Nova Scotia), Nova Scotia Gynecological Cancer Screening Programme, Partners Against Consumer Fraud, Menopause and Beyond, Nova Scotia Caregiver Support Committee, Pharmacare Health Education Committee and is a member of the Federal/Provincial/Territorial Officials representing Nova Scotia. She maintains membership in the following professional associations: Canadian Governor General's Study Group Alumni, Nova Scotia Association of Social Workers, Gerontology Association of Nova Scotia, and Canadian Association on Gerontology.

In a volunteer capacity she serves with: Rotary Club of Halifax, Mother Berchman Centre, Board of Directors Ross Farm Museum and is a member of Canadian Pensioners Concerned. She is a Commissioner of the Supreme Court of Nova Scotia.

Her plans for the Secretariat are to improve communication and consultation with seniors and their organizations and to increase communication with respective government departments about seniors issues.

2007-04993/

Recruiting Centenarians and Others

The Harvard Medical School, Children's Hospital and the Beth Israel Deaconess Medical Center, all of Boston, MA, USA are conducting genetic research studies on aging. We are looking for genes that enable some people to delay or escape diseases that so commonly afflict older people. By identifying these genes, we hope to provide a better understanding of diseases such as Alzheimer's disease, certain forms of cancer and heart disease.

We are recruiting the following individuals:

1) Individual centenarians (people age 100 and older), who do not have living brothers or sisters aged 90 or older.
2) Individuals aged 98 and older and their living brothers or sisters who are at least 90 years old.

We collect health and family history information. We also collect a small blood specimen in order to look for genes that may be important in understanding longevity. People from anywhere in the United States and abroad can participate and travel is not necessary. Participation is free of charge and all information is kept strictly confidential. If you or someone you know would like to discuss the studies in further detail, please contact Louis Kunkel, PhD, principal investigator, and Stephanie Jo Brewster, MS, certified genetic counselor, at 617-355-5312 or toll-free at 1-877-890-4080. Or, contact us via email sbrewster@rascal.med.harvard.edu

Source: Canadian Association on Gerontology

"A cheerful heart is good medicine, but a crushed spirit dries up the bones." Proverbs 17.22

Secretariat Newsletter

The Secretariat Newsletter is published four times a year by the Senior Citizens' Secretariat and distributed free of charge. We welcome letters, articles and items of interest from you. Please include your name, address and telephone number on all correspondence.

The Senior Citizens' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies and programs presented by the departments of the provincial government. The Secretariat serves as a one door entry to government for seniors, seniors' groups and other provincial bodies concerned with aging issues. The Secretariat develops plans, policies and programs in partnership with other levels of government and agencies responsible for seniors.

The Secretariat's office is located at 1740 Granville Street, 4th floor, P.O. Box 2065, Halifax, NS B3J 2Z1. Tel (902) 424-0065; fax (902) 424-0561; toll-free 1-800-670-0065.

Meet Madame President: The Federations' First Lady

There's been precious little time for Eileen Amirault to celebrate since her election in May as the first woman to be elected President of the Nova Scotia Federation of Senior Citizens and Pensioners.

That's because of the weighty agenda of tasks and concerns the Federation is facing these days.

Firstly, there's the Federation's appeal to members of the Legislature and Parliament asking support and assistance in securing some relief for hard-pressed seniors against rising home and transportation fuel costs, and the effect this is having on persons of fixed incomes.

Secondly, there's the worry about doctor and nursing shortages, reduced hospital budgets, the high costs of medicine and prescriptions, and the role the Federation will play as advisory to the Minister on Single Entry Access and the Pharmacare Program.

Thirdly, there's that infamous "Clawback" Legislation in the news again, reaching into the pockets of the seniors when extra revenue (even death benefits) pushes a pensioner's income into a new tax bracket. A resolution asking the Federal government to deem death benefits as income tax exempt is also under preparation. The issue of the "Clawback", which dogs all seniors, came home to her personally recently when she was advised that her pension would be reduced because a Canada Pension Plan Death Benefit she received on the passing of her husband increased her income beyond the allowable limit. That means a drop of $127.72 a month for one year in her Old Age Pension she explained. That, and other similar cases, has prompted the Federation to restart its campaign for tax-free death benefits.

And, with the National Convention of seniors held in Sydney, the Federation members were busy making arrangements to play the role of hosts.

Mrs. Amirault, of West Pubnico, is a widowed mother of six with a long-standing interest in the plight of seniors. She was only in her forties when in 1978 she accepted a request that she become "temporary secretary" of the Quinlan Seniors Club in Yarmouth County. The job was so interesting and challenging she says she held on to it. When she became a senior she became involved in the Federation, attended the conventions and in the past five years has risen through the Vice-Presidency offices, succeeding Heiner Magels as President this year.

She says the Federation has been making representation to the MP's and MLA's about the fuel price calculation and the affect it is having on the cost of living generally. In addition to being President of the Federation, she is a member of the Group as Nine. Her concern, she says, is that rising costs of drugs could apply pressure on the premiums paid by seniors. She says she would argue against an increase in the premiums.

Submitted by Harold Shea

Seniors' input sought to clinical education

One Voice, The Canadian Seniors Network, has written the Association of Canadian Medical Colleges looking to provide seniors' input to medical school curriculum committees.
One Voice says that accreditation criterion for medical schools is being changed to ensure curricula "include experience in palliative care, pain management and end of life care."
It welcomes the apparent change and believes seniors' input would be valuable.

Contact: Health Edition at 613-838-4326; fax to 613-838-5722; e-mail info@healthedition.com
ISSN 1492-627X

Oakwood Terrace Adult Day Program

Now in our 3rd year the Adult Day Program operates Monday to Friday, five days a week, excluding holidays, between the hours of 8:30 a.m. and 4:30 p.m. The day program is a respite program for individuals 60+ years. Those who become participants would usually require some assistance to maintain their independence at home or within their community and who do not require 24 hour care. The program is run under social mode and philosophy of care that promotes independence and development and enhancement of the participant's interests and goals. We encourage participants to assist in the design of their care plan when they are assigned their day(s) and staff and volunteers assist them to make their time at the day program the best it can be. Oakwood's day program is located at 10 Mount Hope Avenue, next to the Dartmouth General Hospital. It is a friendly, intimate group who participate in a safe, caring and nurturing environment with qualified supervision daily.

The participants enjoy daily recreation activities and programs, as well as pursue individual leisure interests, goals and desires as outlined in their care plan. In addition to the many recreational opportunities available to them with the residents at Oakwood, the day program participants also enjoy daily exercise, health monitoring, tea and chats, exploring individual leisure identities, leisure counseling, education and family support and specific therapeutic programming and interventions to assist in participants due to a certain disability.

For more information contact:
Noreen Wren
Oakwood Terrace Adult Day Program
10 Mount Hope Avenue
Dartmouth, NS B2Y 4K1
Phone 469-3702

Social and Economic Dimensions of an Aging Population

The SEDAP (Social and Economic Dimensions of an Aging Population) Research Program has a series of papers which may be of interest to some persons and may be downloaded free of charge from the SEDAP website at http://socserv2.socsci.mcmaster.ca/sedap/ The website also provides brief abstracts of each of the papers.

The twenty-two papers released thus far in the SEDAP series, with the charges of the printed versions (to defray costs) are as follows:

1. *Population Aging and Its Economic Costs: A Survey of the Issues and Evidence*, Frank T. Denton and Byron G. Spencer (March 1999) $5.00 (38 pages)
2. *How Much Help Is Exchanged in Families? Towards an Understanding of Discrepant Research Findings*, Carolyn J. Rosenthal and Leroy O. Stone (March 1999) $5.00 (20 pages)
3. *Did Tax Flattening Affect RRSP Contributions?* Michael R. Veall (March 1999) $5.00 (15 pages)
4. *Families as Care-Providers versus Care-Managers? Gender and Type of Care in a Sample of Employed Canadians*, Carolyn J. Rosenthal and Anne Martin-Matthews (April 1999) $5.00 (43 pages)
5. *Alternatives for Raising Living Standards*,William Scarth (May 1999) $5.00 (18 pages)
6. *Transitions to Retirement: Determinants of Age of Social Security Take Up*, Emile Tompa (Aug 1999) $8.00 (81 pages)
7. *Health and Individual and Community Characteristics: A Research Protocol*, François Béland, Steve Birch, and Greg Stoddart (Aug 1999) $5.00 (20 pages)

8. *Disability Related Sources of Income and Expenses: An Examination Among the Elderly in Canada*, Parminder Raina, Steven Dukeshire, Margaret Denton, Larry W. Chambers, Andria Scanlan, Amiram Gafni, Susan French, Anju Joshi, and Carolyn Rosenthal (October 1999) $5.00 (15 pages)
9. *The Impact of Rising 401(k) Pension Coverage on Future Pension Income*, William E. Even and David A. Macpherson (November 1999) $5.00 (40 pages)
10. *Income Inequality as a Canadian Cohort Ages: An Analysis of the Later Life Course*, Steven G. Prus (November 1999) $5.00 (26 pages)
11. *Are Theories of Aging Important? Models and Explanations in Gerontology at the Turn of the Century*, Vern L. Bengtson, Cara J. Rice, and Malcolm L. Johnson (Feb 2000) $5.00 (22 pages)
12. *Generational Equity and the Reformulation of Retirement*,Malcolm L. Johnson (Feb 2000) $5.00 (17 pages)
13. *Long-term Care in Turmoil*, Malcolm L. Johnson, Lesley Cullen, and Demi Patsios (Feb 2000) $5.00 (21 pages)
14. *The Effects of Population Ageing on the Canadian Health Care System*, Mark W. Rosenberg (Feb 2000) $5.00 (43 pages)
15. *Projections of the Population and Labour Force to 2046: Canada*, Frank T. Denton, Christine H. Feaver, and Byron G. Spencer (Feb 2000)$5.00 (38 pages)
16. *Projections of the Population and Labour Force to 2046: The Provinces and Territories*, Frank T. Denton, Christine H. Feaver, and Byron G. Spencer (Feb 2000) $10.00 (142 pages)
17. *Location of Adult Children as an Attraction for Black and White Elderly Migrants in the United States*, Kao-Lee Liaw, William H. Frey, Ji-Ping Lin (Apr 2000) $5.00 (46 pages)
18. *The Nature of Support from Adult Sansei (Third Generation) Children to Older Nisei (Second Generation) Parents in Japanese Canadian Families*, Karen M. Kobayashi (Apr 2000) $5.00 (32 pages)
19. *The Effects of Drug Subsidies on Out-of-Pocket Prescription Drug Expenditures by Seniors: Regional Evidence from Canada*, Thomas F. Crossley, Paul Grootendoorst, Sule Korkmaz, Michael R. Veall (Apr 2000) $5.00 (33 pages)
20. *Describing Disability among High and Low Income Status Older Adults in Canada*, Parminder Raina, Micheline Wong, Larry W. Chambers, Margaret Denton, Amiram Gafni (Jun 2000) $5.00 (43 pages)
21. *Parental Illness and the Labour Supply of Adult Children*, Pierre Thomas Léger (Jun 2000) $5.00 (43 pages)
22. *Some Demographic Consequences of Revising the Definition of 'Old' to Reflect Future Changes in Life Table Probabilities*, Frank T. Denton and Byron G. Spencer (Jun 2000) $5.00 (16 pages)

For copies of the papers contact: Gail Kalika, Secretary, SEDAP Program, McMaster University, 1280 Main Street West Kenneth Taylor Hall, Room 426, Hamilton, Ontario, Canada L8S 4M4

Payment must accompany all orders. Use a money order or cheque (in Canadian dollars drawn on a Canadian bank) payable to McMaster University. Taxes are not applicable.

Further information may be obtained by email from: kalikag@mcmaster.ca

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Peta Fist-Grip Garden Tools—a unique ergonomic design. The handles are set at 90 degree right angles to the shaft of the tools, allowing the hand and wrist to be kept in a neutral, stress-free position. Add-On Handles may be fitted to long-shafted tools such as rakes, hoes and shovels making gardening easy for gardeners unable to kneel or who must work from a seated position. Also used on brooms, pots and pans, vacuums, mops, fishing rods, etc. Contact: GardenEase Services, 909 Pendergast St., Ste. 101, Victoria, BC V8V 2W7: tel 250-475-7534: toll-free 1-877-561-3422: fax 250-475-7598: website www.gardeneaseonline.com: e-mail harrison1993@home.com

Medexus Daisy System—a continence system for men is an innovative alternative to sheath and indwelling catheters, and bulky absorbent undergarments. Featuring a skin-friendly hydro-colloid material that produces a secure yet comfortable fit for 24 hours. Easy to apply, one size fits all. To remove, simply soak it with a warm, damp cloth to loosen the adhesive. Intermittent cauterization can be performed with the device in place. May also be used with standard leg or beg bags. Contact: Medexus Uro Inc., 220 Duncan Mill Rd., Ste. 209, Don Mills, ON M3B 3J5: tel 416-391-4441: toll-free 1-877-MEDEXUS: fax 416-391-4431: website www.medexusdaisy.com: e-mail philip.harrison@medexus.ca

Hipsaver Underwear—HipSaver SlimFit positions a thin, soft pad over each hip bone. The pads work to prevent injury by helping to absorb and shunt impact force. Made of an ultra-soft, spandex/polycotton microblend of fibers which remove moisture from the skin's surface, the HipSaver is machine washable. Available in five sizes, from extra-small to extra-large. Contains no skin irritants or latex, and weigh less than three ounces. Cost is $59.99 plus tax. Contact: HelpMates, P.O. Box 82, Exeter, ON N0M 1S6: toll-free 1-888-771-0977: fax 519-235-3287: e-mail kbrown@helpmates.on.ca

Risperdal

She is your mother. She is your aunt. She is a friend. She also suffers from behavioural disturbances associated with dementia and could be institution-alized because of it. Behavioural disturbances have been described as the key contributor to caregiver burden. But now there's hope.

The most common form of dementia is Alzheimer disease, which affects one in 20 Canadians over age 65. More often than not, care for those still living in the community is provided by the spouse or by an adult child. Behavioural disturbances, specifically aggression and agitation, are often the main reason families decide to institutionalize their loved ones.

Canada's first medication to treat the behavioural disturbances of dementia has been approved by Health Canada. RISPERDAL (risperidone), previously approved as an anti-psychotic, has received a new indication for the short-term symptomatic management of inappropriate behaviour due to aggression and/or psychosis associated with severe dementia.

For more information contact: contact Sandra Heymann, at Janssen-Ortho Inc. at 416-382-4994; or Ellen Woodger/Kathleen Vollrath of Veritas Communications Inc. at 416-482-2248, ext. 237 and 239.

A Study of Congestive Heart Failure Patients

During the summer, 400 randomly selected ICONS participants with congestive heart failure will be invited to participate in a study examining quality of life. Dr. Jonathan Howlett, Director of the Heart Function Clinic at the QEII Health Sciences Centre heads the study. The telephone interview will take between 30 to 45 minutes. Patients contacted will be asked questions about how heart failure effects them physically, their social relationships, feelings, sexual activities, and income. An interviewer will conduct two telephone interviews six months apart. Personal identifying information, such as your name and address, will not be recorded as study investigators and staff will have access to this information. Your ICONS number will be identified on the interview forms.

We look forward to talking to you about how heart failure effects your life. If you have any questions or comments, now or in the future, please contact Study Coordinator, Debbie Elliot at 473-2728.

Annual Meeting Held

The 1999–2000 Annual General Meeting of the Arthritis Society, Nova Scotia Division, was held in Dartmouth May 12th and 13th. The weekend events included the annual volunteer awards banquet, Annual General Meeting, public forum presentations from Dr. Bakowsky and J.R. Manderville, and volunteer training sessions presented by the staff of The Society.

Honored guests included Morley Arnason, Chair of The Arthritis Society National Board; Angela MacLean, who spoke on living with juvenile arthritis; Dr. George McKeil, who spoke on the activities of the consumer advisory board of the Canadian Arthritis Network; and volunteer award winners.

Volunteers left energized with the knowledge that the Division is committed to supporting them and the efforts of their Branch and the excitement of seeing new Branches in the future.

Upcoming Events

1. Atlantic School of Theology presents *The Mackinnon Lectures*; October 18–20, 2000 in St. Columba Chapel. Lecturer: The Rev. Dr. Margaret Guenther. Theme: The Spirituality of the Second Half of Life. For more information, please contact: The Office of Continuing Education; Atlantic School of Theology, 640 Francklyn Street, Halifax, NS B3H 3B5; tel: (902) 423-2747; email: tmcillwraith@astheology.ns.ca; home page:http://astheology.ns.ca

2. *Care Case Management: Who Needs It?* Fifth International Care/Case Management Conference presented by The Learning Centre of the American Society on Aging; June 28–July 1, 2001; Sheraton Wall Centre, Vancouver, BC. Call for Proposals Deadline October 27, 2000. For more information contact ASA at 833 Market Street, Suite 511, San Francisco, CA 94103-1824, USA; tel: (415) 974-9600; fax: (415) 974-0300; email: info@asaging.org.

- The Alzheimer Society of Nova Scotia 12th Annual Educational Conference "New Beginnings;" October 26, 2000; Holiday Inn, Dartmouth. For more information call: 902-422-7961.
- 29th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology, Aging with Attitude. October 26–29, 2000; Edmonton, AB. Contact: CAG Conference Secretariat, 100–824 Meath Street, Ottawa, ON K1Z 6E8; Tel: (613) 728-9347; Fax: (613) 728-8913; E-mail: cagacg@magi.com Website: www.cagacg.ca

Human Services Programming

Essentially, Human Services Advocate suggests a program of Body, Mind and Spirit . At least, this is the main thrust of it's intent at Mountain Lea Lodge, Bridgetown, NS. Of course this conjures up a whole grist of possibilities when you consider what is body, mind or spirit. Advocacy for the whole person comes to mind. Also a wholeistic (holistic) point of view is suggested. I contend that a person is more than the sum of his/her parts. There is a dimension to all of us that transcends our elemental nature. However, before this gets a little too lofty and "out there" someplace, let's leave body, mind and spirit for later .

At Mountain Lea Lodge, Home for the aged, in Bridgetown we have in place a school. This is a school arranged for residents of that place. Retired school teachers teach on a volunteer basis those subjects generally taught at Junior High schools everywhere. We have at our Home about 20 regular students (we graduated 23 this past July) who come to the 3/4 hour classes willingly and with excitement for the sessions. Subjects offered include social history, English, travel/geography, science, body mind and spirit, and an additional one this Fall is being negotiated...psychology of aging.

Sometimes taught are other stimulating ideas concerning horticultural therapy, and two important agents for wellness namely, music and art therapy.

Let's face it! We are an aging population. It cannot be possible that this is new knowledge to health/wellness professionals. You already are aware of this. And to quote from Year of Older Persons declaration, 1999:

"In order to age well, we all need to have our physical, economic, educational, cultural, spiritual and social needs met. We have a right to dignity, choice, protection and self fulfilment."

The residents' minds, spirit and bodies are all touched by Mountain Lea Lodge school idea. This idea, created and begun by Jim N. Bent, Human Services Advocate, strives to meet a client's needs on all needs levels. We all are aware that entry into a senior's home often is fraught with fear and anxiety. Anything we can think of that will dispel frustration, hopelessness and depression should be welcomed by staff and client alike. Returning power to the new resident is of paramount importance in our Lodge's school program and replacing negative life energy with positive influence is important to our plans. Learning never ends is one of our main and basic principles.

Psychologist Abraham Maslow suggested that human needs fall into five categories, each of which must be satisfied before we concern ourselves with the following ones.

The most basic of these are physical; sufficient air, water and food, and rest. The second of Maslow's needs involve safety; protection from threats to our well being.

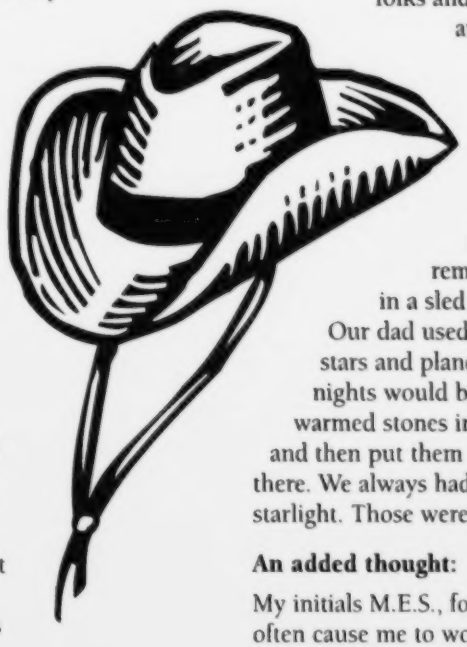
Beyond physical and safety concerns are the social needs we aspire to. These are affection and inclusion, some control over our lives. Then Maslow contends we have the desire to be worthwhile, valuable people. Then, and only then, when we have satisfied all these, we will have "actualized" will have developed our potential to the maximum and become the best person we can be.

All the above are integral to The School Program in place at our Seniors' Complex.

Jim Bent, Director, Human Services,
Mountain Lea Lodge, Bridgetown, NS.
August 16, 2000

My Childhood in Southern Alberta

As a child I spent most of childhood days on the Southern Alberta prairies in the vicinity of Ogen. Alberta. In 1913 I was just 6 years old. The prairie there, at that time, was still covered with buffalo bones and buffalo chips. As there were few trees these buffalo chips provided fuel for the household cooking. In winter time of course, coal was used in our stoves as the temperature was often 20 degrees below zero and we walked at least a mile to school. It was usually children, and sometimes along with mothers, who gathered the buffalo chips. There were always gophers and coyotes around. The gopher preyed on gardens and the wheat crops as soon as they sprouted. As youngsters we children were paid to poison the gophers with a mixture of strychnine and wheat. We were taught to be very careful of strychnine—keep it away from our mouths or food; put it well down into the gopher holes in order to save the birds. The prevailing birds were meadowlarks. seldom robins in our area; lots of hawks. They kept after the chickens. Finally the municipalities paid we youngsters for gopher tails! 3 cents a tail. We were always aware of coyotes; used to hear them howling at night. They can provide quite a chorus!, and still do as they are still around.



Picnics were the big events we children looked forward to every summer. All ice cream was home made by the local ladies and did we love it! 10 cents a cone! At Christmas time nearly every house made their own ice cream. Right here today in Shoreham Village, ice cream is a favourite dessert for me!

One cannot leave any prairie memories without mentioning the sunsets. They are something the prairie will never lose no matter how the things change.

When I was a child we had no such thing as baby sitters, as far as I know, (where our parents went we went). We drove in a sled to concerts in the one room school houses where there usually was a concert followed by dancing, mainly folks and square dancing. My mother and father provided the music, violin and organ usually. As the homesteaders were nearly all unmarried men, we 8 and 9 year olds became their partners and learned early to dance. I always remember the long ride home in a sled drawn by a team of horses. Our dad used to teach a lot about the stars and planets on these drives; often the nights would be pretty cold. My mother warmed stones in the oven during the day and then put them in the sled amidst the straw there. We always had a warmride home in the starlight. Those were the days of no radio or TV.

An added thought:

My initials M.E.S., for Maxine E. Sutherland, often cause me to wonder if anyone thinks how the addition of one more letter could make me a M.E.S.S. ! However, this causes me little worry. I think it is rather humorous. It's also good to know that I've actually missed by a miss. Isn't there an old saying, " A miss is as good as a mile?"

By Maxine Sutherland
Shoreham Village, Chester, NS

Memorable facts about forgetting

Worried about forgetfulness? Forget about it. It happens to all of us. Memory isn't perfect—and it isn't designed to be. In fact, memory experts advise us that the less we worry about memory lapses the fewer we'll have.

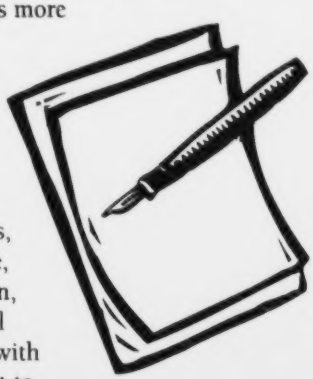
Your long-term memory holds facts, memories and "how to" procedures. To lock something in, think of nothing but that one thing for a minimum of eight seconds.

Research shows that upsetting situations tend to stick with us because they activate stress hormones —imprinting them in our long-term memory.

Short-term memory is your mental blackboard. It holds only a few items—and most "get erased" after less than a minute.

Women, in general, have better memories than men. Memory experts speculate that the female hormone estrogen might help keep brain processes intact—or that juggling the many details of daily living keeps women's minds supple.

It is possible to improve your memory. Consciously paying attention is key to remembering things more completely—and permanently.



Strategies that may help include: regular exercise, reducing stress, learning new things, organizing your life, writing things down, and creating mental images to connect with the things you want to remember.

Sources: The National Institute of Mental Health; Memory Assessment Clinics; University of California research

Nurse Practitioners— New Partners

Nurse practitioners (NPs) are registered nurses who have specialized skills and knowledge in health assessment and promotion, disease prevention, treatment and management of selected health problems. In other words, they have the competencies or abilities to provide a wide range of health care services focused on helping and working with you, and people in your community, achieve the best level of health possible.

Nurse practitioners blend everything they know and can do as a registered nurse with aspects of care from the field of medicine that they have the authority to perform because of their educational preparation and expertise. NPs blend their nursing expertise with their ability to diagnose and treat common illnesses and injuries, prescribe certain medications, and order certain tests, x-rays and ultrasounds.

Where do nurse practitioners work?

Because Nova Scotia does not yet have legislation to cover the practice (QEII and IWK Grace) and four pilot project sites in Springhill, Caledonia, Pictou, and Halifax—where they work in partnership with doctors, other health care professionals, individuals, families and communities.

When nurse practitioner legislation is passed, NPs, in partnership arrangements, would be able to provide care in a variety of settings, including community health centres, family practice environments, nursing homes, student health centres, and specialized hospital units.

How do nurse practitioners improve the delivery of health care services?

First of all, as members of the health care team, NPs contribute a unique set of skills and knowledge in assessment, treatment and preventive health care—complementing the contributions of the other health care professionals. Primary health care nurse practitioners are the first contact for many individuals seeking health care services. Specialty nurse practitioners provide health care

to specific client groups (e.g., newborns, seniors, clients with kidney, heart or liver disorders). NPs also provide ongoing care to their clients, which often focuses on health promotion and helping clients, and their families, understand their illnesses and how to improve or maintain the quality of their lives. Promoting community health and safety is another area in which NPs often apply their expertise.

Secondly, the inclusion of NPs on the health care team means increased access to health care services. NPs can diagnose and treat common illnesses, infections and injuries (e.g., colds, bladder infections, and sprains), and monitor stable, chronic conditions such as high blood pressure and diabetes. They can also order lab tests, x-rays, and ultrasounds, and conduct certain screening tests such as Pap smears. Doctors note that working with NPs gives them (doctors) more time with their patients with complicated situations. Patients benefit from the blended medical and nursing expertise from that doctor-nurse practitioner practice arrangements.

What other provinces are considering new ways to meet health care needs?

Newfoundland and Ontario are the only two provinces that have nurse practitioner legislation. The regulatory body for registered nurses in Nova Scotia, RNANS, has submitted a new Registered Nurses Act to the government, and the approval of this act would mean that nurse practitioners would have legislated authority to practise more extensively in Nova Scotia—to be able to expand their partnerships to keep you, your family and community healthy and well.

To learn more about nurse practitioners, contact:
Linda Hamilton
Policy & Communications Services
Registered Nurses' Association of Nova Scotia
Suite 600, 1894 Barrington Street
Halifax, NS B3J 2A8
Tel 902-491-9744, Ext 232
(toll-free in NS 1-800-565-9744)
Fax 902-491-9510
E-mail info@rnans.ns.ca
Website www.rnans.ns,ca

New Senior Friendly Resources!

Senior Friendly Grocery Store Guidelines and Senior Friendly Ideas for Healthy Eating are now available!

A joint initiative of the Alberta Council on Aging and Dietitians of Canada, with funding from Health Canada and other stakeholders, the guidelines give both retailers and seniors' advocates the tools to examine any store with a fresh perspective, looking at everything from transportation, to entryways, to carts, to selection, to cashier stations. As with existing Senior Friendly tools, the guidelines are based in reality-built and tested by a wide-ranging team that includes seniors, grocers, packagers and dietitians. Ideally, a retailer using the guidelines will team with local seniors to participate in on-site "check-ups" and report what they find from a user's point of view.

Included with the guidelines is Senior Friendly Ideas for Healthy Eating, a set of 12 fact sheets from Dietitians for Canada that grocers, nutritionists and others can photocopy and offer to their senior customers. The fact sheets contain useful tips (in easy-to-read language and type) for meal planning, shopping and cooking for one or two.

"Seniors and their caregivers will find these fact sheets especially helpful for planning a balanced diet on a budget,"says Jayne Thirsk of Dietitians of Canada, who worked with dietitian Kerri Staden to develop the tips. The tip sheets and are available and can be accessed by visiting either the Senior Friendly Website http://seniorfriendly.cjb.net. or the Dietitians of Canada website (click on resources) http://www.dietitians.ca

Already, seniors are enjoying the benefits of stores that put priority on seniors. Just one improvement, product-directed lighting, now allows one Edmonton senior to shop for herself. A low-vision senior, she cannot read labels in dim light.

Grocers who helped develop the guidelines, meanwhile, see Senior Friendly approaches as key to attracting and serving a growing wave of seniors. Edmonton's downtown core contains 7,000 seniors, notes T.J. Tarnowski, a store manager serving that area; his staff are always on alert for ways to help those seniors reach the store, and to serve them better once they're inside. And the benefits are obvious. "Many of our seniors come in regularly, and they're developing friendly relationships with our staff."

For your own copy of Senior Friendly Grocery Stores, or to find out more about the entire Senior Friendly family of resources, contact Jan Reimer at (780) 423-7781, e-mail: acaging@compusmart.ab.ca .

Be Careful, It's My Heart

It's not much of a water garden; but it's an oasis in the huddled muddled heritage houses of downtown Truro. The first dragonfly tries its wings in iridescent flight. Taffy crouched in his tawny fur coat, delicately laps at the pond's edge: let's hope an unbalanced flat stone doesn't precipitate him into the water—like Thomas Gray's The fair Selima, "Demurest of the tabby kind"! Taffy gazes mesmerized at the swarm of goldfish. "With many an ardent wish, she stretch'd in vain to reach the prize. What female heart can gold despise? What cat's averse to fish?"

Today the rockery around the pond is in full bloom, little carpets of white, blue, purple miniature flowers. I sit on the wooden bench nearby under the trellis, I gaze reverently and a little impatiently at this little paradise, this minute harbour of the soul. The small fountain splashes its minute of quiet contentment. It's an ideal scene for a water colour or oil, with its darks of the water, the interlaced greens as the sun moves overhead. Framed by bull rushes and lily pads, a goldfish comes to wash and splatter on the submerged stones, God is in his heaven and all's right with the world.

Well not really, I'll paint when I don't feel "so poorly" as mother used to say. Meanwhile thank you Margaret for rockery splendour and for my own Heron coated in copper enamel that presides over this little kingdom.

"Peace and contentment" not quite my friend. The 18, (I tried to count them) thick metal staples or clamps, like a zip fastener, embellish from just below the collar bone to the lower sternum. The medals of honour shine in proof of by-pass surgery: comforting to me; grimacingly in intimidating to the observer—looking at the bloody rip.

I'm convalescing as many of us must do in later years: putting our ancient bodies back together for? For what? Another bang at the buck, a chance to paint an inspired masterpiece? Time anyway not to be wasted, after all this trauma, time to see the grandchildren bloom and grow.

The nurses at QEII cardiovascular unit, the gorgeous Lisa, the super efficient Sandy, Ann, Judy, Karen and especially in ICU Linda. They zip in and out, bright smiles, knowing the answer to every question before I ask: so many patients come and go.

Up at 6am: the "team" arrives at 6:30am. The boss or senior intern sits in splendor on a chair, smiles knowingly: the team, the others flit about, quoting, temp, pulse, blood pressure, bloodwork. Well the boss says, we're agreed "home tomorrow" you've done well—snap of the medical records folder and gone.

I didn't like the first team who sat in judgement my first day in Intensive Care when a snip of a girl about the age of my grandson, steps over and rips off my first very secure chest dressing. "Incision okay says she." Too tired to gasp I wish our roles reversed. Shouldn't a doctor introduce h/herself and warn about a painful procedure before doing it? Or is it supposed to be easier this way, they take turns at medical practice, this one should end up in pathology. If I can hate the girl it helps when I sneeze or cough and my chest feels as if the operation is happening all over again, minus the anaesthetic.

But whiner that I am, all in all the staff were super: the surgeon even listened silently. The good Dr. Wood who is/was a calm amidst the storm of racing, dancing, shouting figures; when a CODE BLUE erupted in my ICU section. Everyone runs for CODE BLUE, it's awesome. So thank you, all you cardiovascular teams who interview, examine, assess, support, do it and smile; as an old friend Dr. Resmik loves to say "Blessings from Jerusalem"! Also as Al Chaddock, creator of magical Sable Island pony paintings said when he stumped into my hospital room, "the winds about right, we're all geared up, get out of that bed, we're going sailing tonight"!

This diatribe is not just about my "open heart" op but for all of us who must trust our bodies, lives to those young genii who perform miracles not possible in our grandparents day. So when you go through recovery and it damm well hurts; remember and be comforted, encouraged. The flowers are wonderful, the peas are up, the bees back at work, "bid me to live and I shall live", there are fairies at the bottom of your garden: God is giving us another chance another first day of the rest of your live. He is saying in my naval jargon, wakey wakey, rise and shine, lash up and stow, cooks to the galley have long gone ago. So get fell in, head up, shoulders back, report yourself back to duty, to life, and if I ever catch that Ms. Intern I'll paddle her canoe; ye Gods I must be feeling better, what the hell Metabell and remember friend it's alright to indulge yourself.

Cheers and blessings.
Alan Sager, Truro

Grieving

Ways to deal with the loss of a person or pet that meant a lot to you:

- Take a break from your routine responsibilities. Cancel obligations for at least a week after a major loss, and don't be afraid to ask family and friends for help.
- Talk about your feelings with family, friends, clergy or spiritual advisors. Suppressing feelings may prolong the grieving process.
- Use creative outlets such as writing, art of music to express your feelings and work through grief. Write poetry, a letter to a person who died, or keep a journal. Gather photographs or make a commemorative video to honor and preserve memories of the one you've lost.
- Allow yourself to cry. Crying is a natural response to pain and provides an emotional release that helps you heal.
- Take care of yourself. Studies show grief can depress the immune system, making you more prone to illness. Make an effort to eat healthfully and sleep well.
- Be patient with yourself. Intense grieving can last anywhere from three months to a year. Avoid making any major life decisions during this time.
- Join a bereavement support group or see a counselor. You can get a referral from your clergy, mental health professionals, hospitals or hospices.

It's okay to make time for diversion and fun when the time feels right. Laughter can be a great stress-reducer.

Source: Andrew Weil, MD
Looking Forward, Vol. 13, No. 5, Fall 2000
The Hope Heart Institute

One Voice

One Voice, The Canadian Seniors Network, is dedicated to maintain Canada as the best society in which to live and grow old. *One Voice* promotes the enhancement and independence of older Canadians. *One Voice* advocates policies and programs to improve the well-being of Canadian seniors and encourages and enables their full and active participation in decisions affecting their lives.

New benefits for *One Voice* members and supporters

Benefits of group automobile insurance plan

For the benefit of its members and supporters *One Voice*, The Canadian Seniors Network has decided to partner with Johnson Incorporated of Ottawa. This agreement will mean comprehensive coverage and friendly personal service at competitive rates.

Since the Home and Auto Insurance fall under provincial legislation, this benefit will not apply to the provinces of Manitoba, Saskatchewan and British Columbia and Johnson Inc. are not operating in the provinces of Yukon, NWT or Nunuvat. The toll-free number for quotations: 1-800-563-0677

Out of province/Out of Canada Medical Emergency Insurance Plan

For the benefit of its members and supporters *One Voice* with Johnson Inc. will launch this broad and generous insurance coverage from September 2000.

The Plan brochures will be available well before the start of the travel season.

The toll-free number for Insurance Plan information is 1-800-663-9995

Mailing address of Johnson Inc.: 1545 Carling Avenue. Suite 612; Ottawa, Ontario, K1Z 8P9
Fax (613) 728-2244

Participation of *One Voice*, The Canadian Seniors Network with Canadian Standards Association International, Technical Committee for Aging

This newly-formed Technical Committee is responsible for developing and maintaining the standards for the products and services designed for the use of aging population of Canada. The Technical Committee is reviewing and drafting Aging-friendly Design and Labelling programs. It hopes to complete its draft proposals for Specification Development and Review Process by December 2000 and the final recommendations are expected to be ready some times in 2001.

Mr. Tony Palmer is representing the *One Voice* on this project and can be approached for further information on his E-mail address tpalmer@travel-net.com

For *One Voicemembership and* further information contact Ivan Hale, CEO and National Secretary

One Voice, The Canadian Seniors Network
100–112, rue Eddy Street, HULL, QC, J8X 2W5
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Within the Province: Dr. B.S. Verma,
43 Golf Links Road, Bedford, NS, B4A 2J1
Tel. (902) 835-8218

What do Youth and Seniors have in Common?

This is what one of the groups at the Youth-Senior Connection came up with:

They Both Want:
Respect • Friendship • Honesty
To be Understood • Independence
Love • Loyalty • Choices • Trust
To Be Listened To • To Have Fun
To Feel Safe • Freedom
To Feel Wanted • To Feel Important

Source: *Third Age Centre Newsletter*
St. Thomas University, Fredericton

Seniors Go Travel.com

Senior travel web site recently launched.
www.seniorsGOtravel.com

Edmonton, Alberta, August 1, 2000. A new travel web site for seniors has recently been launched —www.seniorsGOtravel.com. Hundreds of seniors have already logged on to this visually appealing, easy-to-use web site that provides travel information and features, as well as useful links. It is designed particularly for those seeking senior travel information.

The site contains a variety of stories on Canadian, U .S. and international travel destinations. There are also tips on travel deals, pointers on staying healthy and secure while travelling, free prize draws and links to bus, rail, air, lodging and dining, travel agency and other travel information. New material is added frequently.

www.seniorsGOtravel.com, enabling older people to be connected through the in~to the world of travel, is a project of the Edmonton Senior newspaper, which has been publishing for more than 10 years and has a monthly circulation of 50,000 copies. For seniors bitten by the travel bug, www.seniorsGOtravel.com is the site to visit. For more information contact: Edmonton Senior at 780-429-1610.

Lifeline Connections for the Professional

Lifeline Connections for the Professional will be distributed quarterly and we welcome any comments or suggestions for topics to be covered in future issues. We plan featuring different aspects of interest for professionals concerned with the welfare and quality of life for seniors.

Lifeline provides support to people who are at risk of medical/social challenges including falls, cardiovascular or respiratory conditions, diabetes, immobility and depression. It gives Subscribers the confidence to continue to live where they want to live—safely, at home, remaining independent.

Lifeline helps you extend the continuum of care. Our support service provides peace-of-mind for you, your patients/clients and their families, 24 hours a day, 365 days a year.

The first edition, Winter 2000, concentrates on Falls and the Elderly, while the second edition, Spring 2000, refers to Stress and the Caregiver.

For more information about Lifeline, do not hesitate to call the Customer Care department at 1-800-387-8120. You can also check our website at www.lifelinecanada.com.

Junk Mail

If you are tired of receiving all of that junk mail in your box every day you can try this.

Write to: CMA (Canadian Marketing Association)
Do Not Mail / Do Not Call
P.O. Box 706, Don Mills, ON
M3C 2T6; 416-391-1237
www.the-cma.org

Leave your full name, address and area code. Ask them to have your name removed from the calling and selling lists. Be patient! It may take 6-8 months before you will notice a decrease in the amount of junk mail and telephone calls you receive.

Why do we keep confusing Chebucto Links and Community Links?

Chebucto Links is a community program providing information and services for seniors in West End Halifax. Its mandate is:

a) to link seniors with services (in-home foot care, housecleaning, yard work, etc) provided by community agencies so older residents can remain living independently in their own homes and community, and

b) to provide actual programs for seniors:
   - weekly foot care clinic at St Theresa's Church in partnership with the VON
   - weekly Lunch Bunch at the Lutheran Church
   - Coffee Break at St Agnes Church Campbell Centre
   - Friday Friends - shared reading & story-telling time with primary students and seniors at Westmount School

For more information, contact:
Jane Cowie, Coordinator, or
Valerie Connors, Program Director
Chebucto Links, 422-3525
chebucto.links@ns.sympatico.ca

Community Links is an umbrella association of 100 community groups across Nova Scotia who share effective ways of meeting the needs and priorities of older residents through volunteer programs and services. Its focus is on rural seniors but includes urban groups, eg, Chebucto Links is a member organization of Community Links.

Services to member organizations include:

- an information clearinghouse with resources on volunteer & organizational development, community development, community health promotion & contacts around the province
- training opportunities
- communication links (newsletters, distribution of resource materials, networking)
- representation on provincial & regional committees, coalitions, focus groups, consultations, etc
- cooperative ventures with other organizations
- project sponsorship

For more information, contact:
Marilyn More Worth, Provincial Coordinator, Community Links 464-9558
marilynworth@ns.sympatico.ca
(names/phone numbers of regional board members available)

Seniors' Week— June 18th–24th

Seniors' Week was celebrated in many different ways, and in many different communities throughout the Province this year.

The president of the Annapolis County Seniors' Council shares some of their activities with us:

Sunday, June 18th there was an inter-faith service at the United Baptist Church in Middleton with special singers and musical groups. This was followed by a time of fellowship with refreshments.

Monday members from the Contemporary Club in Middleton took a walk through the Rotary Park which was followed by complementary coffee from Tim Hortons.

On Friday club members met for a noon lunch at a local restaurant. Sixteen men and women enjoyed this occasion.

Next year they hope to get more seniors interested in joining them for fun and exercise.

Caregiver fears

When you become a caregiver, your life changes forever. You cannot recapture the past and, in facing an unknown future, you may be overcome by fear. My own experience proved I was so busy trying to be the best caregiver possible for my father that I didn't take the time to deal properly with all the fears that were accumulating at the back of my mind. I wasn't admitting to them or talking about them. As a result, these fears became magnified. We can spend too much time facing our fears alone, feeling that there is no one else out there who could really understand what it's like.

It doesn't have to be like this.

What are some of those fears we know too well?

Fear of financial problems related to caring for a loved one—that the money will run out while at home or that there isn't enough money to even consider a long-term care facility, no matter how desperately needed.

Fear that you'll fail as a caregiver—that you won't be able to keep up the pace physically. How many times have you asked yourself: "How long can I go on doing this—how many more days, or years, before I fall apart?" For how long have you tried against all odds to smile and say "we're managing, thank you"?

Fear of the inability to handle the emotional stress. You finally start to understand what the stress is doing to you. And you're afraid you'll never regain your original self—that person filled with energy, curiosity and optimism.

Fear of having to watch a loved one's pain and suffering. You feel helpless to stop or even control it.

Fear of making the wrong care decision—leading to an unexpected outcome and the possible wrath of other family members.

Fear of dealing with a loved one's incontinence. Can I change my father's diapers? How does he feel when I have to do this?

Fear of dementia. Will your loved one no longer be able to recognize you?

Fear of aggression caused by illness. How will you deal with a loved one's violence towards you?

Fear of being unable to advocate well enough—or of being unavailable the one time it really matters.

Fear that your loved one's needs will be sacrificed to those of the system.

Fear of seeing your own future in a loved one who is deteriorating.

Fear of losing your "self"—of becoming so involved in caring for another that your identity is lost, and your needs remain neglected and unfulfilled.

Fear of facing the future alone—of losing the comfort of an embrace, the assurance of unconditional love.

Finally, the tremendous fear of admitting to emotions you are "not supposed to feel"—frustration, anger, a momentary desire to strike out or to flee.

All caregiver fears are real -for no other reason than that they exist. Are they rational? Each of us has to decide this for ti ourselves. We may need help doing this. If you have trouble talking with the person you care for, talk to someone who has been there or talk to a professional. Communicate how you are feeling. Learn how someone else has dealt with their fears.

It's not wrong to be afraid; it goes with the territory. It is wrong to suffer alone and in silence.

I have felt the blessings of caregiving. I better understand and feel compassion; I appreciate and accept my strengths and weaknesses; I am a better personnel manager, accountant, researcher and advocate. I have built up shared memories with my father that will stay with me forever. I have given back.

No one can perform the act of caring without help. Remember that we are, after all, only human. Caregivers aren't perfect, although we can kill ourselves trying.

Please accept support. Remember the joy you bring to those you love and thank yourselves every day that you care.

Source: Karen Henderson, *The Caregiver*
The newsletter of Caregiver Network Inc.
Fall 1999

A family guide to least restraint

At one time, the use of restraints in long-term care facilities was common and it was thought that they would protect people from falling or wandering away. In recent years, the routine use of restraints has raised significant concerns.

We now know that restraints have negative consequences, including depression, increased agitation and muscle weakness. Complications can include skin problems, incontinence and loss of mobility.

On the other hand, being able to move around increases muscle strength, stimulates circulation, uses excess energy, relieves stress and reduces the risk of injury-related fall problems. Most importantly, it preserves dignity and permits residents to live a more "normal" life.

Don't restraints keep most people safe?

Restraints do not remove the risk of falls. Nearly all people fall at one time or another. In the event of a fall, however, people who are not restrained tend to be less seriously injured than those who are restrained.

Consider, for example, a person who falls while trying to get up out of a chair or wheelchair. If the person is tied to the chair, the chair can fall on top of the person when they fall.

Do people with dementia know they are restrained?

Although you may have lost the ability to express your needs, you still know that you cannot get up out of a chair, move your arm or scratch your nose. These are basic feelings that remain even after verbal communication has deteriorated.

How can family help?

Family members have a very important role to play in keeping residents in a safe and comfortable environment with the least restraint possible.

Try to be open minded. If you are apprehensive, discuss your fears with your loved one's caregiver. Agree to removing the restraint for a short time, even if it is only one hour a day to begin with.

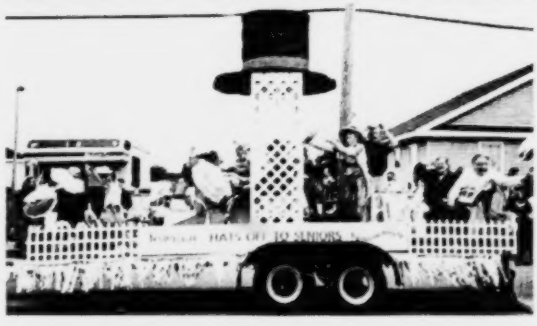
Finally, celebrate success. Observe how your family member's behaviour or attitude may change and share your observations with the caregivers.

Source: *A Free Hand -The Journal of the Alternatives to Restraints Committee*, Fall 2000
From *Least Restraint: A Family Guide to Quality Care with Least Restraint*, Peace Arch Hospital

IYOP

Some communities are still following through with activities generated by their grants from the International Year of Older Persons Committee.

One such community is Pictou where this summer they entered a float entitled "Hats off to Seniors" (Youth is a gift of nature, but Age is a work of Art) in three local parades. All seniors of Pictou County were entertained and those participating report as to having a "ball."



Gentle Teaching

One of the most remarkable alternatives to restraints being used today is a technique called Gentle Teaching. This approach requires a deep commitment by caregivers to change their own behaviour.

Gentle Teaching is many things. Gentleness toward others, in spite of what anyone does or does not do, is the critical factor.

It is a paradox. Fists are met with hugs. Cursing is met with words of affection and nurturing. Spiteful eyes are met with warmth .

Gentleness recognizes that all change is mutual and interwoven. It starts with caregivers and, hopefully, touches those who are most marginalized.

Its central focus is to express unconditional love. It is the framework around a psychology of human interdependence. The main idea of gentleness is not to get rid of someone else's behaviors, but to deepen our own inner feelings of gentleness in the face of violence or disregard.

Gentle teaching asks caregivers to look at themselves and their spirit of gentleness to find ways to express warmth and unconditional love toward those who are the most disenfranchised from family and community life. It views our role as critical and requires a deep commitment to personal and social change. It starts with ourselves, our warmth toward others, our willingness to give without any expectation of receiving anything in return, and our intense desire to form feelings of companionship and community with those who are the most pushed to the very edge of society.

Gentle teaching focuses on four essential feelings that need to be taught to those who are served—to feel safe, loved, loving and engaged. Caregivers not only need to ensure that those they serve are safe, but, more importantly, that they feel safe.

Words become tools for uplifting others. Eyes become windows to the heart. Caregivers also teach human engagement. This is made up of three basic feelings: 1) it is good to be with one another, 2) it is good to do things with one another, and 3) it is good to do things for one another. Human engagement is the homeless person jn the shelter preparing and serving meals to others. It is the people in a group home doing chores together simply because it is good to be together. It is street children forming a community to protect each other and share the little they have gathered.

Gentle teaching is not a behavioral or behavior modification approach that uses reward and punishment to change behaviors. Rather, it is based on unconditional love. It is not a "whatever works" approach, it is one that looks at broadening and deepening a sense of companionship and community as a life-project. Gentle teaching is not a fast and easy approach toward helping others, but one that calls on deep commitment and dedication on the part of caregivers. It is not just a way to look at changing someone else's reality, but first asking us to look at our own reality and make it warmer and more loving. Finally, gentle teaching is not simply a technique, but also a psychology of human interdependence.

Who needs a spirit of gentleness?

Gentle Teaching and a psychology of inter-dependence are being used to help marginalized children and adults around the world. Its key focus is on those who are on the very edge of family and community life.

For example, Gentle Teaching is used with: those who are homeless; individuals in long-term psychiatric hospitals, institutionalized individuals with mental disabilities who are sometimes put into warehouse-like settings or in more home-like settings, but who are sensing deep loneliness; individuals being supported in community living and work settings who are sometimes able to connect easily with a feeling of companionship and community, but at other times, are left to live lonely, empty and sad lives; elderly men and women confined in nursing homes who are often forgotten and left to die alone; children and adolescents in public schools with "behavior" problems, children segregated from other children or children suspended from school.

Many professionals try to separate people into distinct categories and apply specialized rules for each group. People with autism need this—those with schizophrenia need that—this syndrome demands that treatment.

Words swirl around, Use time-out." "Use token economy." "Punishment is the only way to teach him/her a lesson."

Our approach is to be gentle and to teach companionship and community.

For more information, please see the Gentle Teaching website at www.gentleteaching.com

Source: *A Free Hand -The Journal of the Alternatives to Restraints Committee*, Fall 2000
From *Least Restraint: A Family Guide to Quality Care with Least Restraint*, Peace Arch Hospital